



State Of California  
California Commission On Teacher Credentialing  
Box 944270  
1900 Capitol Avenue  
Sacramento, CA 94244-2700

Telephone:  
(916) 445-7254 or (888) 921-2682  
E-mail: [credentials@ctc.ca.gov](mailto:credentials@ctc.ca.gov)  
Web site: [www.ctc.ca.gov](http://www.ctc.ca.gov)

## REQUEST FOR DUPLICATE OR REPLACEMENT DOCUMENT

### REQUEST FOR DUPLICATE DOCUMENT

To obtain a duplicate copy of a valid credential, certificate, or permit which has been lost or destroyed, you must submit **all** of the following:

- A completed Request for Duplicate or Replacement form, (below and on reverse) for each credential, certificate or permit which you wish to have issued
- Twenty-seven dollars and fifty cents (\$27.50) (fees are subject to change) for each credential, certificate, or permit which you wish to have reissued in your new name
- Sign the certification in this section

This is to certify that I, (full name) \_\_\_\_\_,  
have made a thorough search for my credential/certificate/permit \_\_\_\_\_  
(exact title of document)

and have ascertained that it has been lost or destroyed. I hereby request the issuance of a duplicate document and I am enclosing the required fee.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### REQUEST FOR REPLACEMENT DOCUMENT

To obtain a replacement copy of a valid credential, certificate, or permit within one year of the date the document was mailed, you must submit the following:

- Signed verification that the document was not received, (below and on reverse) for each credential, certificate or permit you wish to have issued.

This is to certify that I (full name) \_\_\_\_\_, never received  
my credential/certificate/permit \_\_\_\_\_  
(exact title of document)

I applied by submitting my application

☐ directly to the Commission or through a school district or county office of education, or

☐ through (name of college or university) \_\_\_\_\_

I hereby request the issuance of a replacement document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If your application was submitted through a recommending institution, please ask the credentials office at the institution to complete the following statement:

We received / did not receive the \_\_\_\_\_ which was recommended by this institution on \_\_\_\_\_  
Type of Credential Date

We mailed the credential to the applicant on \_\_\_\_\_

We did not mail the credential because \_\_\_\_\_

Date \_\_\_\_\_

Signature of officer authorized to recommend \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Name of Institution \_\_\_\_\_

Reference: California Education Code, Section 44352 and 44353

(continued)

**REQUEST FOR DUPLICATE OR REPLACEMENT DOCUMENT**  
(Complete both sides)

**Mail to:** STATE OF CALIFORNIA  
CALIFORNIA COMMISSION ON TEACHER  
CREDENTIALING  
BOX 944270 (1900 Capitol Avenue)  
SACRAMENTO, CALIFORNIA 94244-2700

**Route To:** \_\_\_\_\_

Commission Use Only: Fee Information	
APP	FP
EXAM	OTHER

Fee Stamp

Issuance Date: \_\_\_\_\_

**1. PERSONAL INFORMATION (Type or print)**

Social Security Number:  -  -

Date of Birth  -  -   
Month Day Year

Applicant's Full Legal Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

Mailing Address

City State ZIP Code

All Former/Maiden Name(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ County of Employment \_\_\_\_\_

Commission Use Only

Do not write below this line

☐ Mail PGM ☐ Mail To \_\_\_\_\_

FPRT date of first FPCO still in MI \_\_\_\_\_

CO Initials \_\_\_\_\_ Date \_\_\_\_\_

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

☐ Reject Mailed ☐ FPCO Mailed

FP Reject:

DOJ/FBI Initials \_\_\_\_\_ Date \_\_\_\_\_

DOJ/FBI \_\_\_\_\_

DOJ/FBI \_\_\_\_\_

Bar Coded Label